

Tenant ☐Owner ☐

CONNECTION DATE \*

Deposit Policy: <https://www.mansfieldelectric.com>

FOR OFFICE USE ONLY

Deposit Amount: – \$

Account #

Location #

Work Order #

**COMMERCIAL / INDUSTRIAL APPLICATION FOR ELECTRIC SERVICE**

Business Name: \_\_\_\_\_

Service Location: \_\_\_\_\_

House/Lot #

Street Name

Apt #

Mailing Address: \_\_\_\_\_

(If different from above) House # or PO Box Street Name Apt # City State Zip

Business Phone: (\_\_\_\_) \_\_\_\_\_ Email Address (required): \_\_\_\_\_

Business Mobile (\_\_\_\_) \_\_\_\_\_ (Primarily for Emergency purposes and outage communication only)

Square footage of Facility: \_\_\_\_\_ Federal Tax ID # (or Social Security #): \_\_\_\_\_

Describe Business Operations \_\_\_\_\_

Property Owner (if different): \_\_\_\_\_ Property Owner Phone: (\_\_\_\_) \_\_\_\_\_

Business Type: ☐ Proprietorship ☐ S-Corp ☐ C-Corp ☐ Not for Profit ☐ Partnership ☐ OtherSales Tax Exempt? ☐ No ☐ Yes – Please submit appropriate ST- form.**By signing and submitting the application for service, the Business (“Customer”) agrees:****PROMISE TO PAY:** To pay MMED for any and all obligations for services provided including but not limited to all electric service charges and any miscellaneous charges incurred within 25 days from invoice date. Security deposits, back invoice charges, and reconnection charges must be paid immediately prior to service being restored.**IDENTIFICATION:** To provide at any time, upon MMED’s request, proof of identification (Photo ID) and/or passcodes to verify identity. Service can be denied if no proper identification or adequate assurance of payment is provided. MMED makes every effort to maintain privacy of all business information as per the Company’s adopted “Identity Theft Prevention Program” which can be reviewed upon request or on our website, [www.mansfieldelectric.com](http://www.mansfieldelectric.com).**COMMUNICATIONS:** To authorize MMED to communicate with Customer concerning any and all financial and non-financial aspects and details of my service and account via any means, whether written, oral, via telephone, email or texting. MMED agrees to not use such contract information for commercial advertising purposes. By establishing service, Customer agrees to accept any changes incurred for such electronic communication originated from MMED.**BUSINESS AUTHORITY:** I am authorized to act on behalf of the Business described in this application. This authority has been granted to me by the Business under the by-laws, organizing agreement, general resolutions, or other governing authority of the Business. The information that I am providing to Mansfield Municipal Electric Department (MMED) is true and complete and accurately discloses the status of the Business. I agree to advise MMED of any significant changes in any of the information that I have provided.**UNCONDITIONAL CONTINUING GUARANTY:** If the Business is a corporation (other than a professional corporation), a partnership or a limited liability company, each owner, partner or member must sign below as a guarantor. If the Business is a not-for-profit corporation, one or more directors or officers must sign below as a guarantor. I, jointly and severally with all other signing below, unconditionally guarantee performance and payment when due of all obligations of the Customer to MMED under any credit facility made available to the Customer pursuant to this application.**TERMS AND CONDITIONS:** Customer acknowledges that service is subject to MMED’s “Customer Service Terms and Conditions”, and its applicable requirements and specifications, as in effect from time to time. A copy of which is available upon request or viewed on our website, [www.mansfieldelectric.com](http://www.mansfieldelectric.com).**By signing below, I certify to MMED and agree, both personally and for the business described in this application, to all of the terms and conditions of the service agreement.****AUTHORIZED OFFICER/AGENT OF THE BUSINESS (CUSTOMER)****Legal Name of the Business** \_\_\_\_\_*Application for Commercial/Industrial service must be signed by authorized officer (or agent) of the Business*By \_\_\_\_\_ Title \_\_\_\_\_  
Print Name of Officer/AgentBy \_\_\_\_\_ Title \_\_\_\_\_  
Print Name of Officer/Agent

Signature/Date

Signature/Date